



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

Revisions to the Early and Periodic
Screening, Diagnosis and Treatment
(EPSDT) Periodicity Schedule

BY


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PURPOSE:

The purpose of this bulletin is to notify Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening providers of revisions to the Department of Public Welfare's (Department) Periodicity Schedule.

SCOPE:

This bulletin applies to providers who perform EPSDT screens for MA-eligible children under the age of 21 in the fee-for-service (FFS) or managed care (MC) delivery systems.

BACKGROUND:

According to the National Institutes of Health, 15 percent of all children in the United States are overweight or obese. These numbers have been steadily rising and the percentage of young people who are overweight has more than doubled in the last 20 years. Excess weight can increase a child's risk of developing Type 2 diabetes and other chronic conditions such as high blood pressure and high cholesterol, all major contributors to heart disease. An economic study of the medical costs of obesity in the United States co-authored by the Centers for Disease Control and Prevention (CDC) found that direct medical costs related to overweight and obesity accounted for 9.1 percent of total medical expenditures in 1998, and that more than half of these costs were borne by Medicaid and Medicare.

Childhood obesity is usually caused by lack of physical activity and/or unhealthy eating patterns, with genetics and lifestyle as contributing factors. Poor eating habits are often established during childhood. Research shows that good nutrition lowers the risk for many chronic diseases; however, only 21 percent of young people eat the recommended five or more servings of fruits and vegetables each day.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap

Correctly identifying weight problems among young people is essential to public health efforts to prevent obesity. Body mass index (BMI) is recommended to monitor changes in body weight and to consistently assess risk of underweight and overweight in children and adolescents from 2 to 20 years of age. Once BMI is calculated, BMI-for-age charts are recommended to assess weight in relation to stature for children ages 2 to 20 years of age. Growth charts, either the most current CDC growth charts or those adapted from the CDC growth charts, are recommended for graphing measurements. The CDC growth charts and additional information, including interactive training modules, can be found on the CDC's website at <http://www.cdc.gov/growthcharts>.

DISCUSSION:

The Department, as recommended by the American Academy of Pediatrics (AAP) and the CDC, has included age-appropriate nutritional counseling as a component of an EPSDT screen. In addition, it is now recommended that all children and adolescents receive a BMI calculation each year beginning at age two.

Therefore, the Department's Periodicity Schedule was revised to support the recommendation for the early intervention and prevention of pediatric overweight and obesity. Footnote #1 is revised to state:

"Assessment includes a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, age-appropriate nutritional counseling, and the calculation of Body Mass Index (BMI), and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP Guidelines. Also includes physical exam, growth measurement and head circumference, an oral dental exam and BL risk assessment."

Secondly, procedure code 85022 (Hemogram, automated) has been removed from the Department's Periodicity Schedule. This procedure code was end-dated on August 31, 2004, from the Medical Assistance (MA) Program Fee Schedule as a result of the 2003 annual Health Care Common Procedure Coding System (HCPCS) update. In place of 85022, providers may use procedure code 85013 (Hematocrit, spun) or 85018 (Hemoglobin) for anemia screening tests. Procedure codes 85013 and 85018 have been active on the MA Program Fee Schedule since 1996 and are included on the Department's Periodicity Schedule to use as a component of an EPSDT screen for children under the age of 21.

PROCEDURE:

Effective with the issuance of this bulletin, MA-enrolled providers who perform EPSDT screens should refer to the Periodicity Schedule and Coding Matrix (see attached) which details the appropriate EPSDT screening components for anemia screening tests and the latest recommendations for age-appropriate nutritional counseling and BMI calculations.

ATTACHMENT: EPSDT Periodicity Schedule and Coding Matrix